IU/564564 FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER **AS FILED** AS FILED AFTER. (AMENDMENT 1 MAMENDMENT (AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. DEP. IND. IND. DEP. IND. DEP. IND. DEP. <u>55</u> <u>56</u> 57 O <u>17</u> .70 TOTAL IND TOTALIND TOTALDER TOTAL DEP CLADES U.S. DEPARTMENT of COMMERCE

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